

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/26/03.

I. DISPUTE

Whether there should be additional reimbursement for L1499, L1825, and E1399.

II. FINDINGS

The respondent reduced payment for the durable medical equipment based upon "M-No MAR".

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
04/30/03	L1499	\$50.00	\$37.50	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011 (b)	The requestor did not submit redacted EOBs to support fair and reasonable reimbursement for HCPCs code L1499. Additional reimbursement is not recommended.
	L1825	\$375.00	\$281.25				The requestor did not submit redacted EOBs to support fair and reasonable reimbursement for HCPCs code L1825. Additional reimbursement is not recommended.
	E1399	\$215.00	\$161.25				The requestor provided redacted EOBs from insurance carriers with HCPCs code E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore a change in reimbursement is not supported. Additional reimbursement is not recommended
Totals		\$640.00	\$480.00				The Requestor is not entitled to reimbursement.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings, Decision is hereby issued this 30th day of April 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division
LLC/lle